

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	Compositions and Methods for Treatment of Prostate and Other Cancers																				
Application Number : Date : First Named Applicant: Martin Gleave Attorney Docket Number: UBC.P-031																					
TOTAL FEE AUTHORIZED \$ 421 Patent fees are subject to annual revisions on or about October 1st of each year.																					
Filing as small entity BASIC FILING FEE																					
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385				Subtotal For Basic Filing Fees: \$ 385								
Fee Description	Fee Code	Amount \$	Fee Paid \$																		
Utility Filing Fee	2001	385	385																		
			Subtotal For Basic Filing Fees: \$ 385																		
EXTRA CLAIM FEES																					
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 24</td><td>4</td><td>2202</td><td>9</td><td>36</td></tr><tr><td>Independent Claims : 2</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 36</td></tr></tbody></table>		Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 24	4	2202	9	36	Independent Claims : 2	0	2201	43	0				Subtotal For Extra Claims Fees: \$ 36	
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																	
Total Claims : 24	4	2202	9	36																	
Independent Claims : 2	0	2201	43	0																	
			Subtotal For Extra Claims Fees: \$ 36																		
AUTHORIZED BILLING INFORMATION The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Credit account number: 6019 Expiration Date (YYYYMMDD): 2006-07-31 Authorized name: Marina T. Larson Billing address: 80435																					